

Name  
in  
Full

Fannie K. Brown

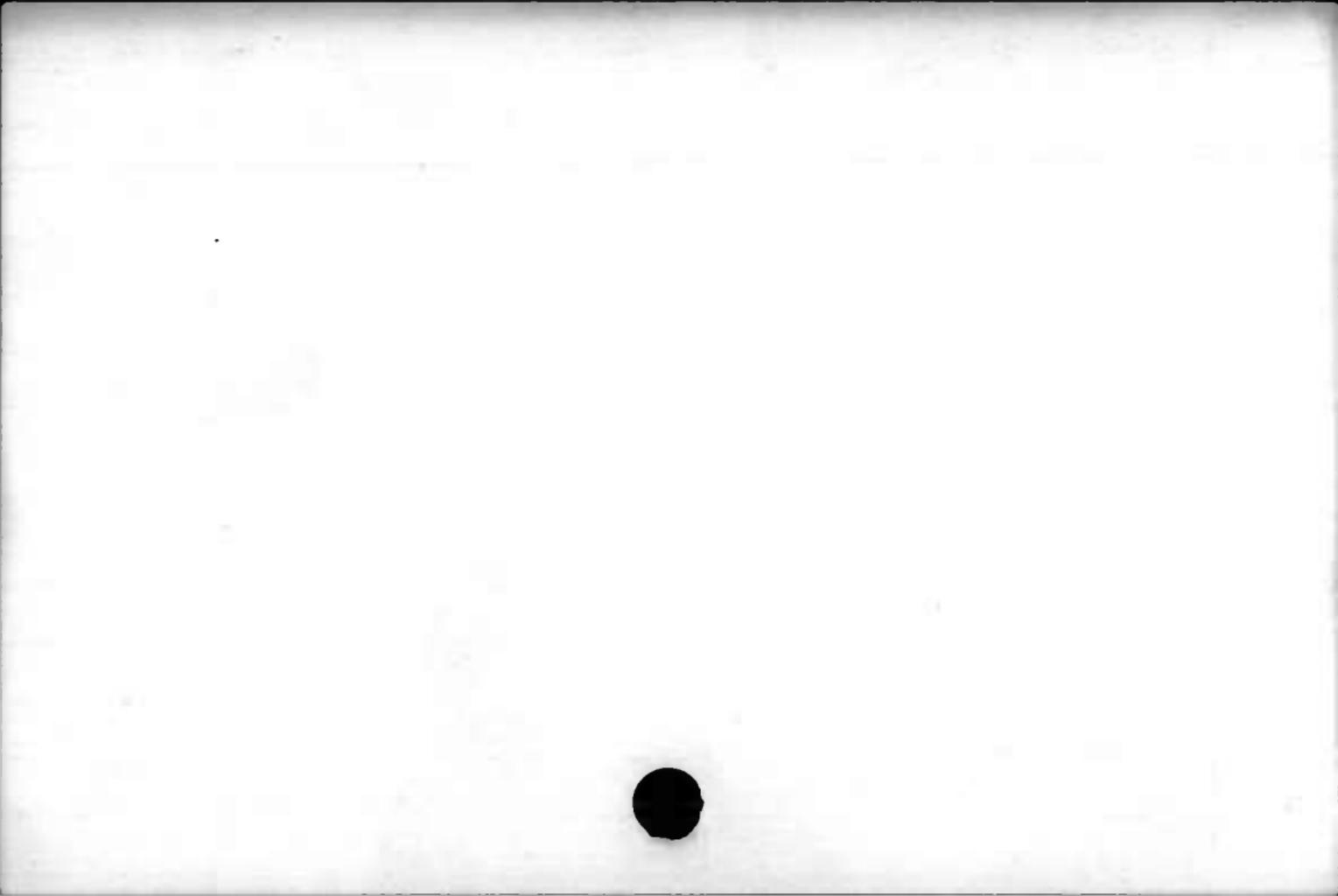
CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Oct	Year 58	Days 10
Sex Female	Color or Race white	Birth-place Md.	
Married, Single or Widowed Widower	Occupation Lady		
Name of Wife or Husband John P. Brown			
Father's Name John C. Bryan	Father's Birthplace Md.		
Mother's Maiden Name Fannie E. Bryan	Mother's Birthplace Md.		
Name of person giving information Fannie K. Stevens	How related to deceased Cousin		
CAUSES OF DEATH			
Primary	Complication Heart & Lungs	How long 7 years	
Immediate	Heart Failure	How long	See statement below
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J.W. Bordley M.D.
		Address	Cluterville, Md.
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Ann Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 10	Day 19	Age 85	Years 10	Months 5 Days
Sex Females	Color or Race	white	Birth- place		
Married, Single or Widowed	widow	Occupation	mone		
Name of Wife or Husband	Bloundsberry Collier				
Father's Name	Samuel Sewell 5+				
Mother's Maiden Name					
Name of person giving Information	Charles R. Collier Son				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Old age and General debility

How long

Immediate

Hemorrhage

How long

1/2 hour

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

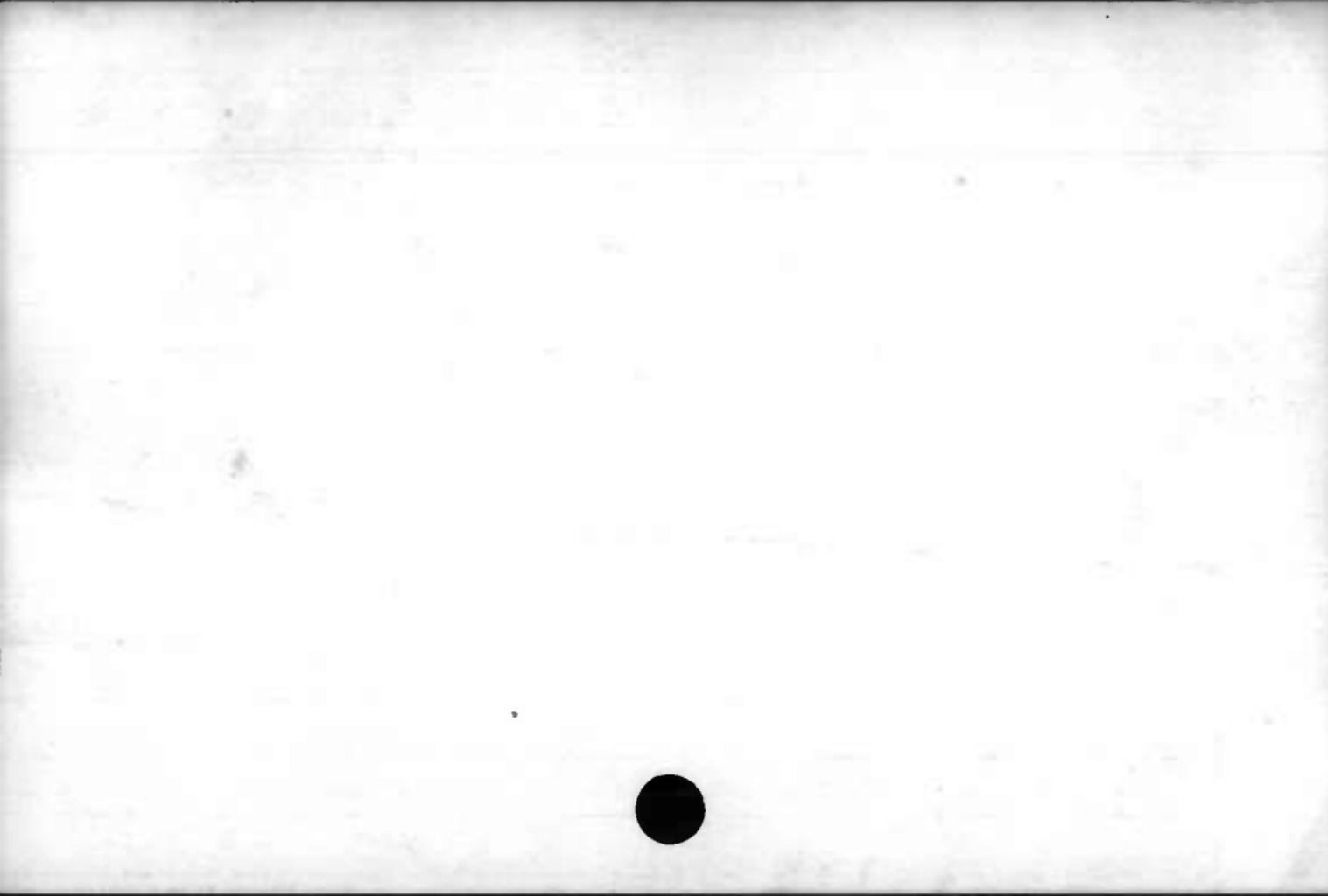
Address

Cha'l Courtney

act corner

Fords Store Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

E. Henry Friesby

Town

Died at near Wellington

County

Queen Anne's

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903	Month Oct	Day 5th	Years Age 43	Months	Days
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Sex Male	Color or Race Black	Birth-place Queen Anne's Co.
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Married, Single or Widowed	Occupation
----------------------------	------------

Maidoress Laborer.

Name of Wife or Husband

Father's Name

Perry Friesby. 2

Father's Birthplace

Mother's Maiden Name

Matilda Groves

Mother's Birthplace

Name of person giving information

Wm J. Friesby

How related to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Two Years.

Immediate

Hemorrhages

How long

2 Weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

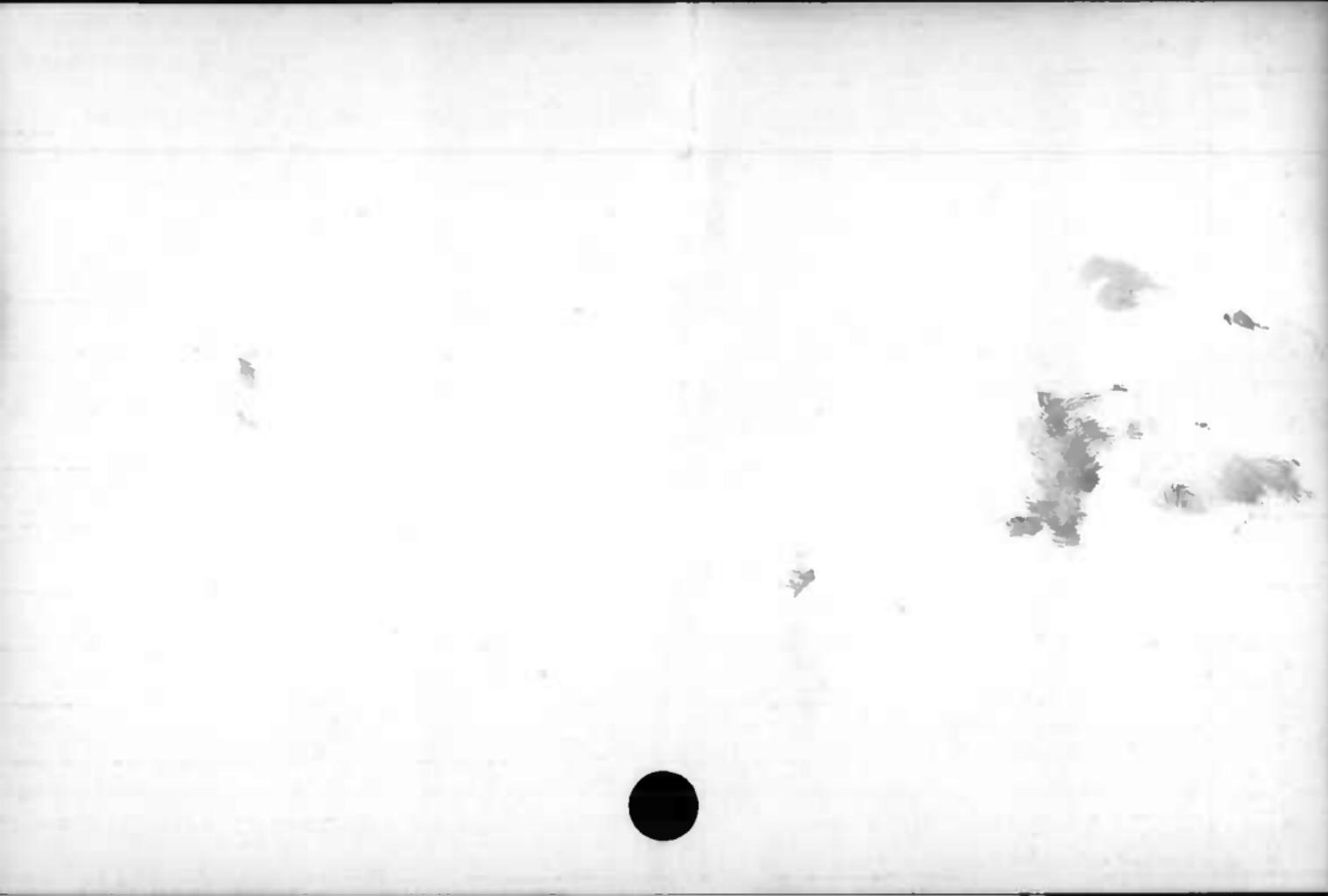
Address

L O Gouraud M.D.

Yes

Wellington  
Md.

Accident or Suicide?



Name  
in  
Full

Philmon B. Hopper

## CERTIFICATE OF DEATH

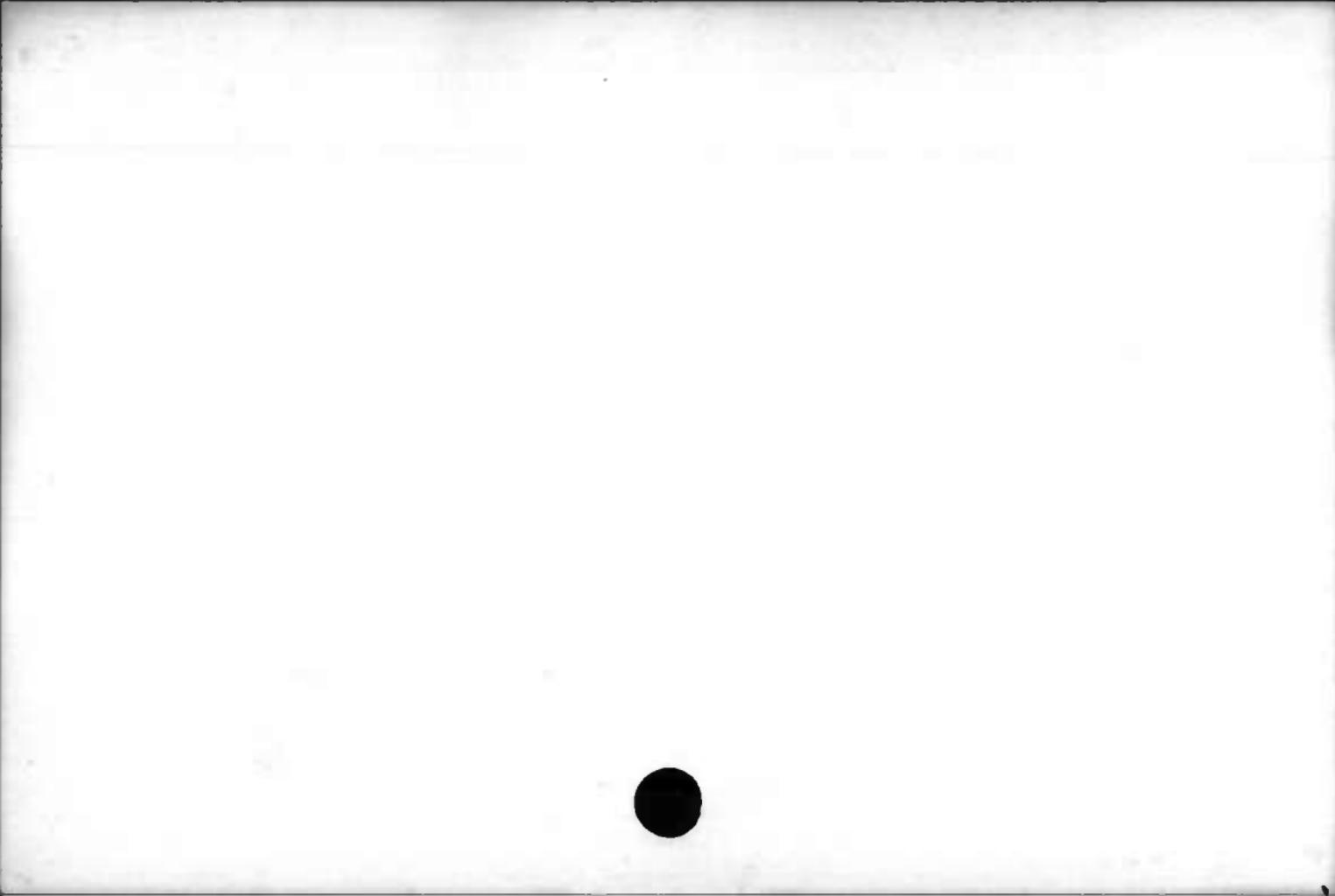
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Burtsville	Queen Anne's	
Date of death 1903	Month Oct	Day 14	Years 1
Age	Months	Days	11
Sex Male	Color or Race	White	Birth-place Burtsville Md.
Married Single or Widowed	Occupation		
Name of Wife or Husband	Sister		
Father's Name	Philmon B. Hopper		
Mother's Maiden Name	Elizabeth Neal		
Name of person giving information	James Gordley		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Organic	How long
Superficial development from premature birth, One year		How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide?		Jas. Gordley M.D., Burtsville, Md.



Name  
In  
Full

TO BE ANSWERED BY

NEAREST FRIEND

CERTIFICATE OF DEATH					
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	A. G. Lowry	27	Father's Birthplace	Kent Island	
Mother's Maiden Name	Maria Louisa Lowry		Mother's Birthplace	Kent Island	
Name of person giving information	A. Lowry		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis

How long

18 mo

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

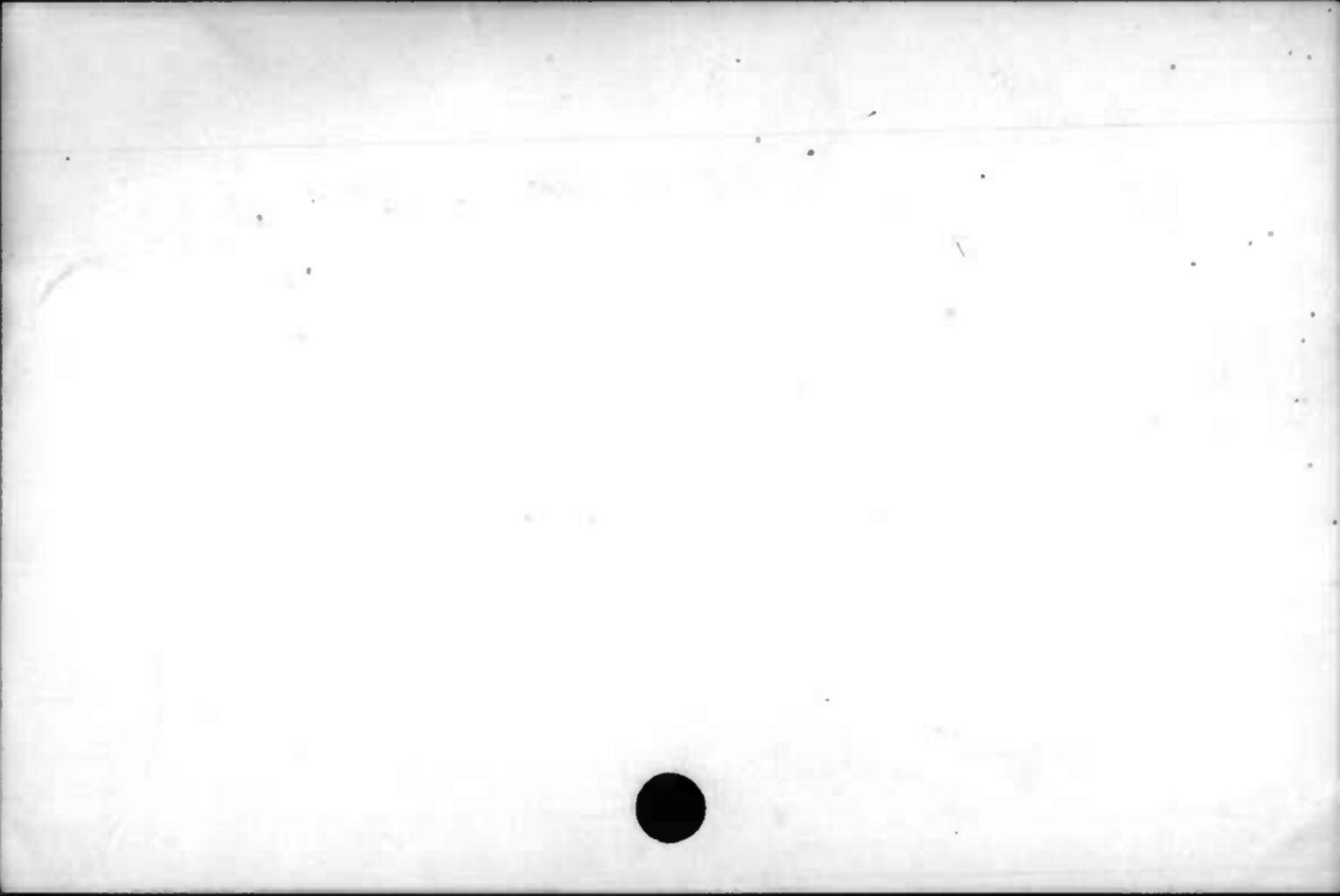
yes

Signature of Physician

Address

Percy Keen  
Stevensville, Md.

Accident or Suicide?



Name  
in  
Full

No name

CERTIFICATE OF DEATH

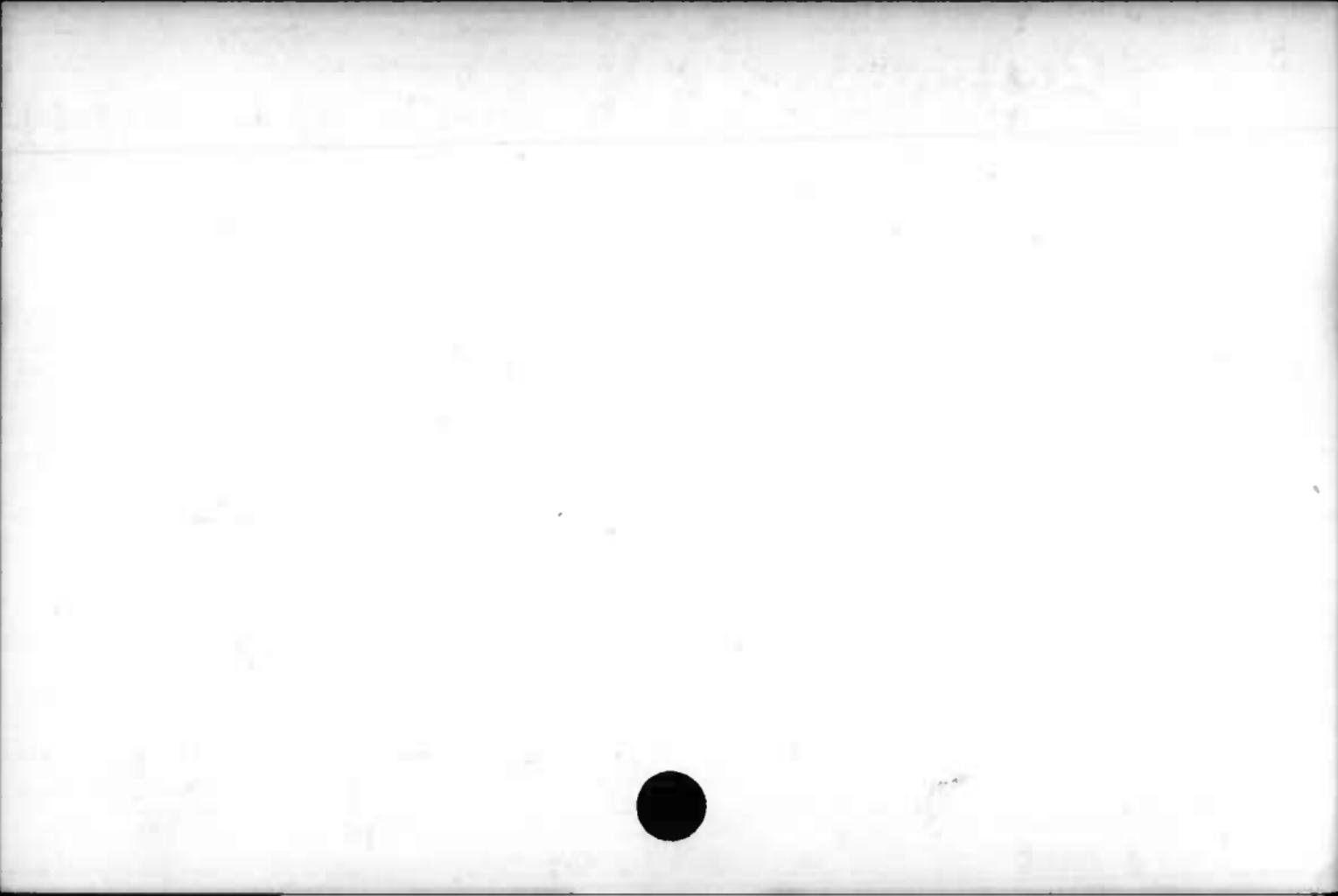
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Died at	near Buckeoville	Ziontown	Anne			
Date of death	1903	Month	10	Day	7	Years
Age		Months		Days	7	
Sex	Female	Color or Race	white	Birth-place	near Buckeoville	
Occupation	nursing		Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	2 d. less	
Father's Name	Ogmon Moor		150	Mother's Birthplace	2 d. less	
Mother's Maiden Name	Phillips			How related to deceased	Father	
Name of person giving information	Ogmon Moor					

CAUSES OF DEATH

Primary	Don't know		How long	7 days
Immediate	Probably a failure		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Mooreran Buckeoville Md.
Accident or Suicide?	No			



Name  
in  
Full

William Walter Pinder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Sudlersville

County

Queen Anne Co

MARYLAND

Date  
of death

1903

Month

Oct

Day

13

Years

0

Months

6

Days

22

Sex

Boy

Color or  
Race

White

Birth-  
place

Sudlersville

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Mr John H Pinder 51

Father's  
Birthplace

Centreville

Mother's  
Maiden Name

Ellie H Reed

Mother's  
Birthplace

Delaware St

Name of person giving  
Information

Mrs J H Pinder

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Poisoning -  
Methasmus

How long

always

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

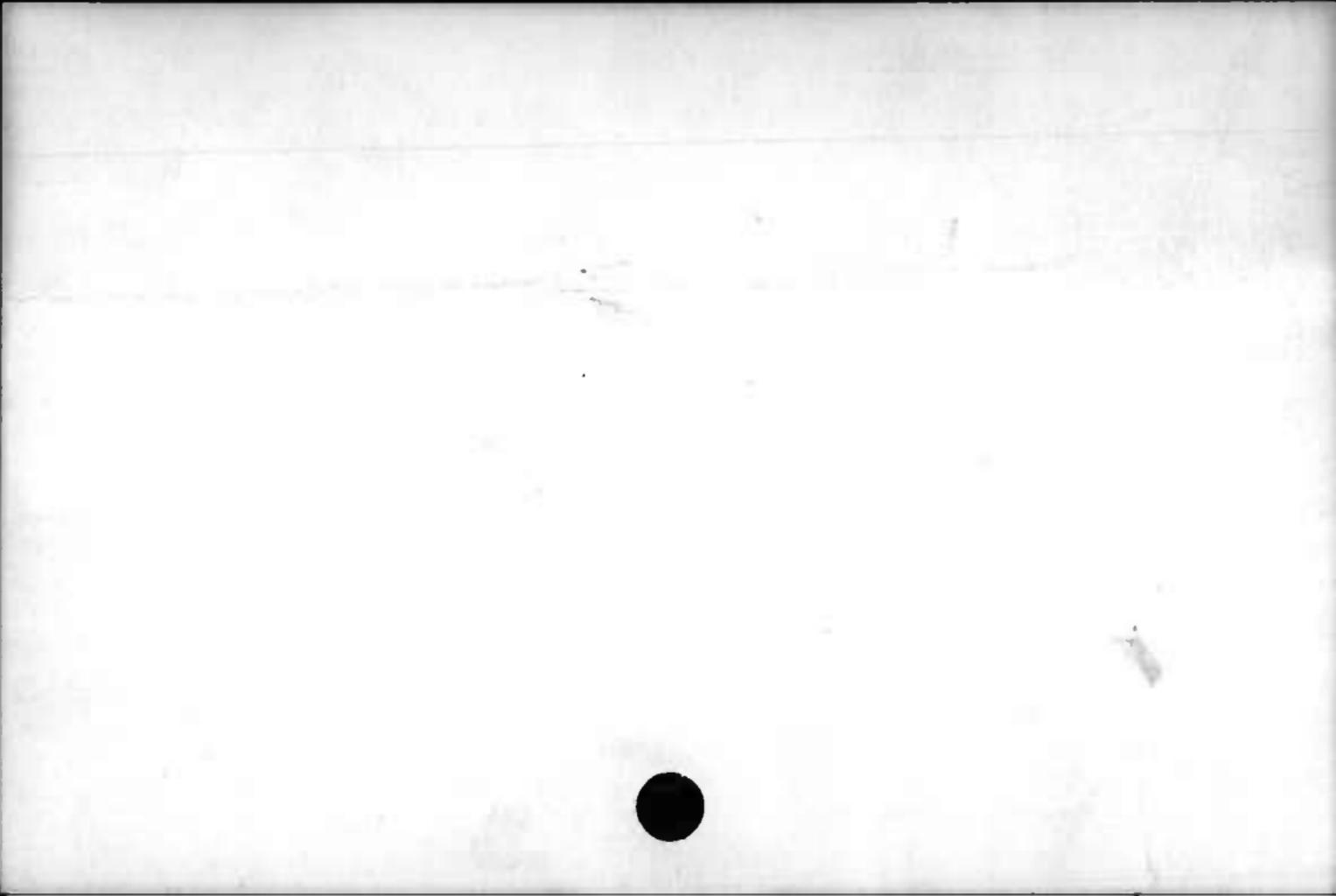
yes

Signature of  
Physician

Address

E.W. Lincoln  
Sudlersville  
Md.

Accident or Suicide?



Name  
in  
Full

Maria A. Rector

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Bryonville Mortuaries 2.A County

MARYLAND

Date of death 1903 Month 10 Day 25 Years 58 Months - Days -

Sex Female Color or Race Black Birth-place 2.A. les

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed married Name of Wife or Husband Ruth Rector

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

Ruth Rector

Husband

CAUSES OF DEATH

Primary

How long

Consumption

18 months

Immediate

How long

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

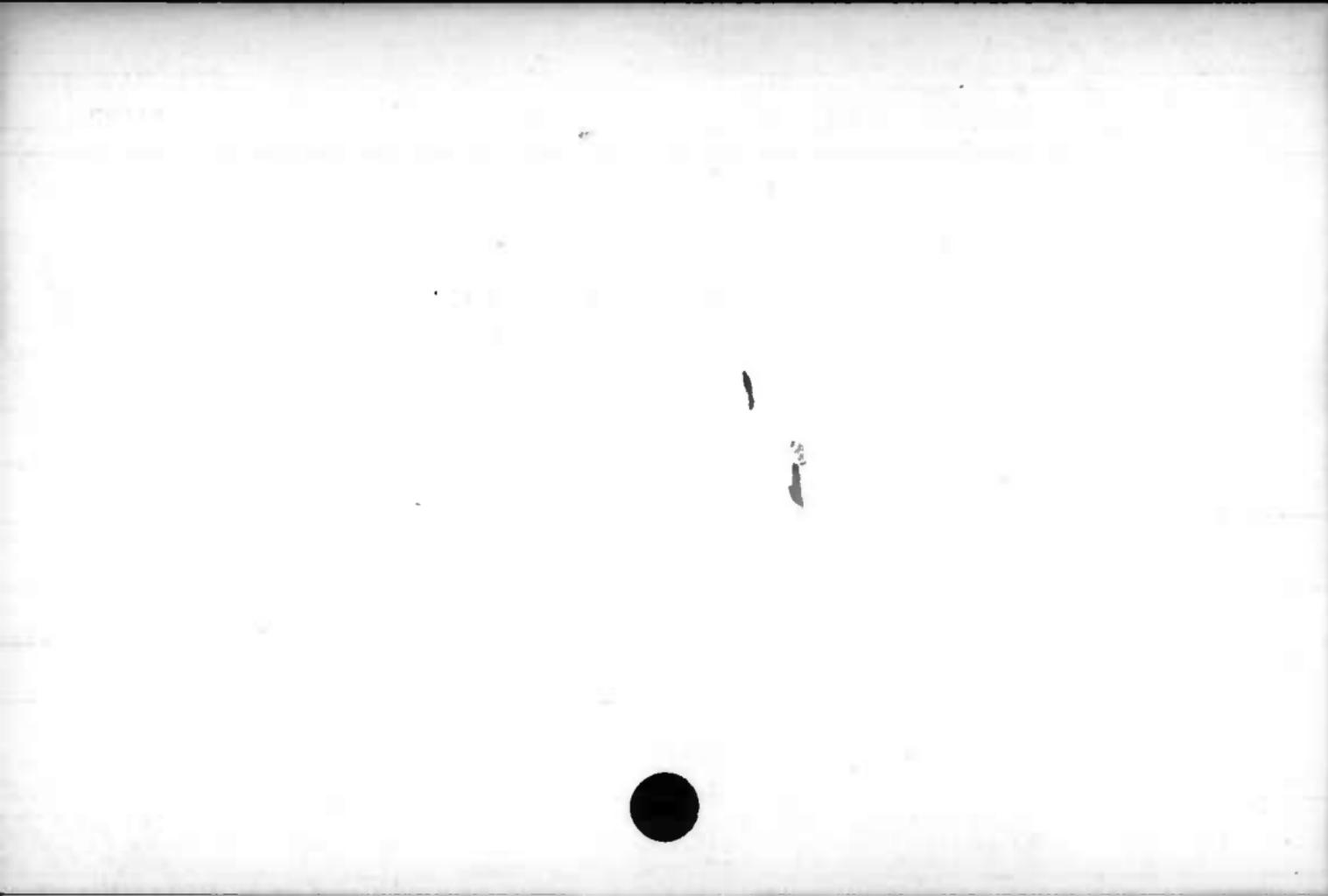
Address

Jacobson  
Business  
2.A. les

PHYSICIAN  
OR CORONER

Accident or Suicide?

No



Name in Full

Certificate of Death

Suzah A Rigby  
Church Hill

County

2 Dec

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

3 Oct-28

Age

66 11

MD

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Mother's  
Maiden Name

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J.H. M. Madore

50

Church Hill, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

O'Neill  
Transcribed

Name  
in  
Full

Wm R Schuyler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near 2 Town</u>			County <u>2 a or</u>		MARYLAND		
Date of death 190	Month <u>Oct</u>	Day <u>1</u>	Years <u>71</u>	Age <u>71</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth- place <u>Talbot Co</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>						
Name of Wife or Husband <u>Unknown</u>						Father's Name <u>Unknown</u>	Father's Birthplace <u>—</u>
Mother's Maiden Name <u>" "</u>	29					Mother's Birthplace <u>"</u>	
Name of person giving Information <u>Wm Schuyler</u>						How related to deceased <u>Son</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Influenza

How long

Several weeks

Immediate

Tuberculosis of bowels

How long

One year

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

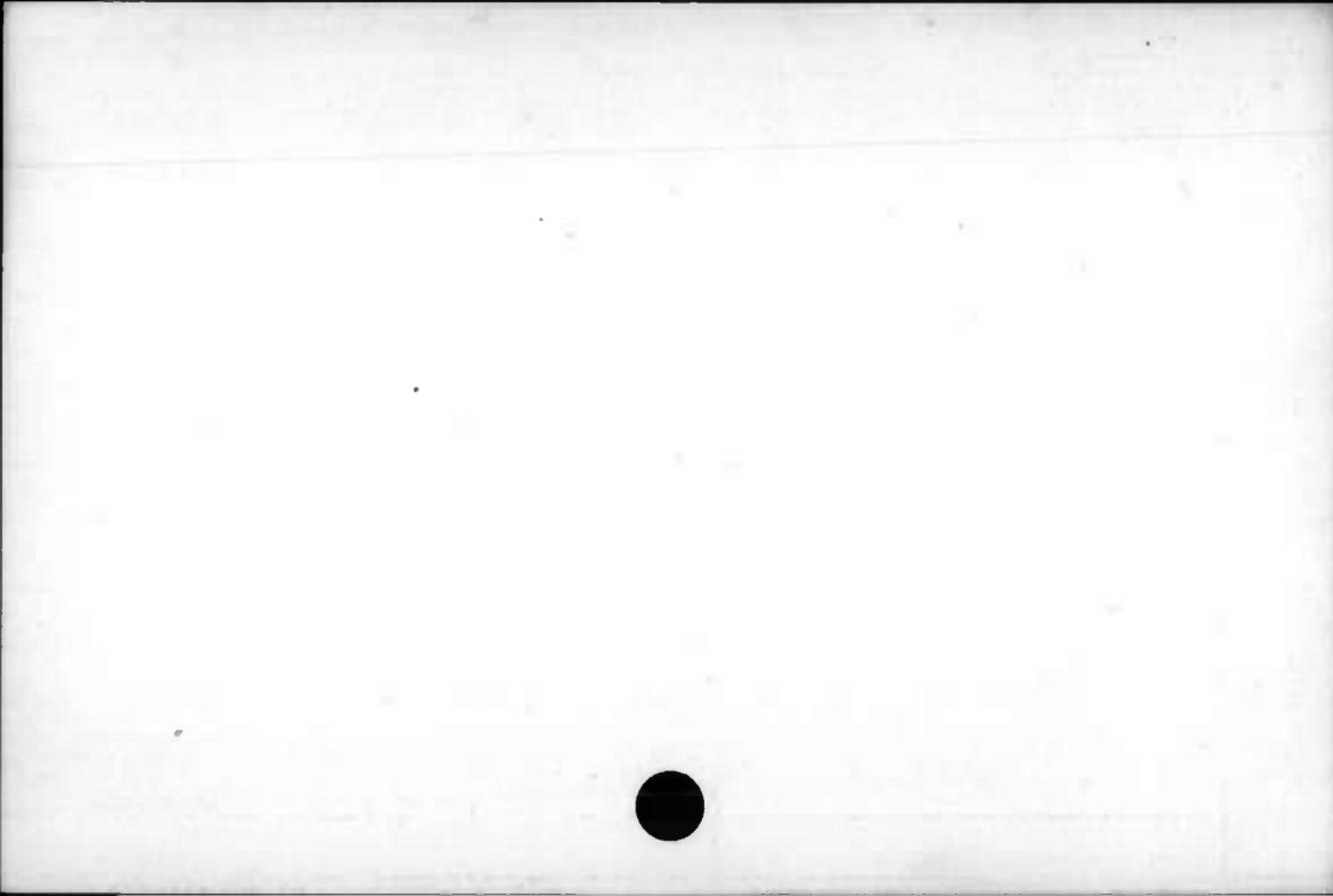
Address

Howard R. Hopkins.

Linenstown

MD.

Accident or Suicide?



Name  
in  
Full

Mary A Shuster

CERTIFICATE OF DEATH

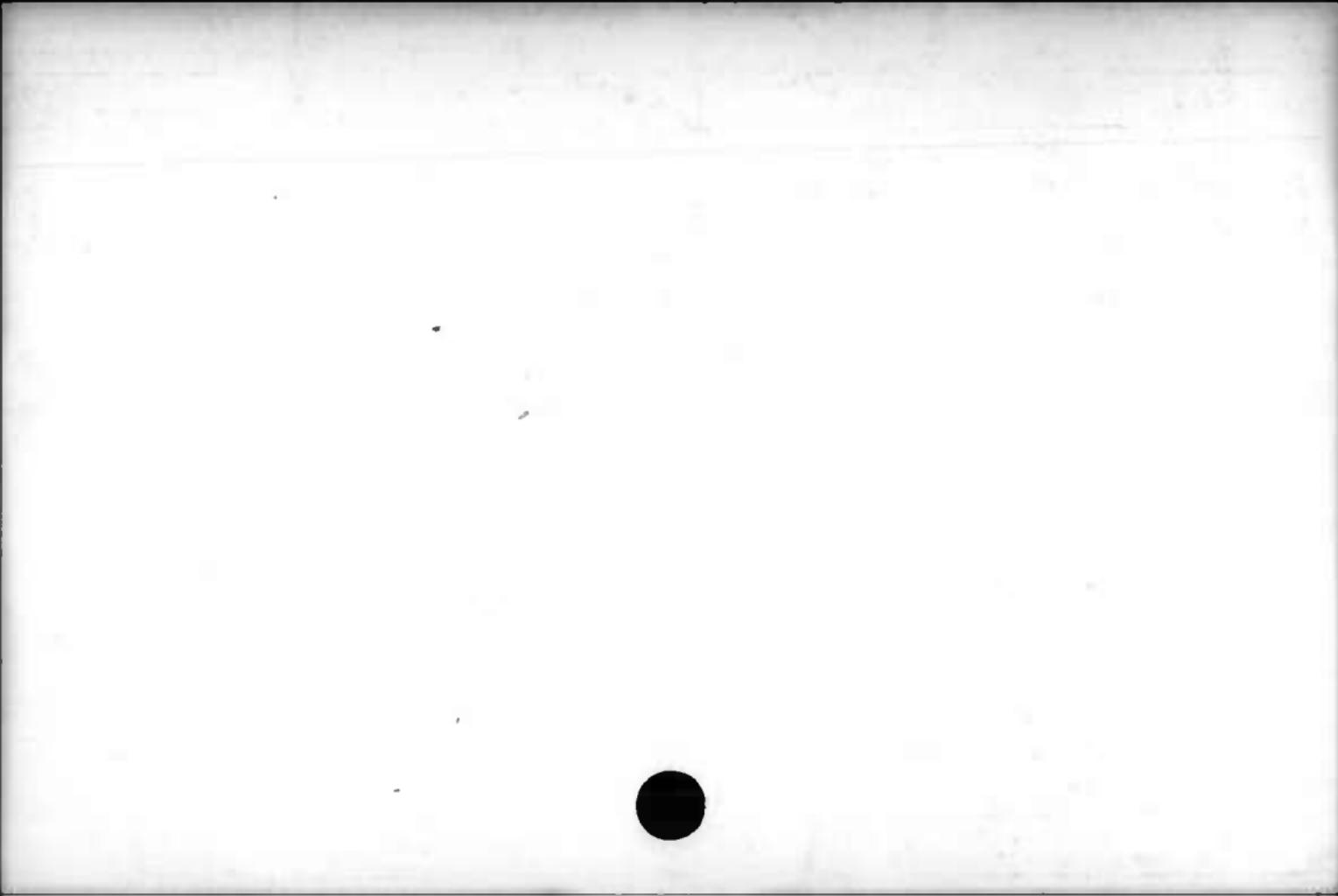
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age		
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	Lutherville Md		
Father's Name	Jas A Shuster 42				
Mother's Maiden Name					
Name of person giving information	Husband				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Uterine Cancer	How long	18 month
Immediate	Bleeding as a result of Cancer	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Oxford MD
		Address	Lutherville
Accident or Suicide?	No		Queen Anneles



Name  
in  
Full

Ana Rebecca Simpson

CERTIFICATE OF DEATH

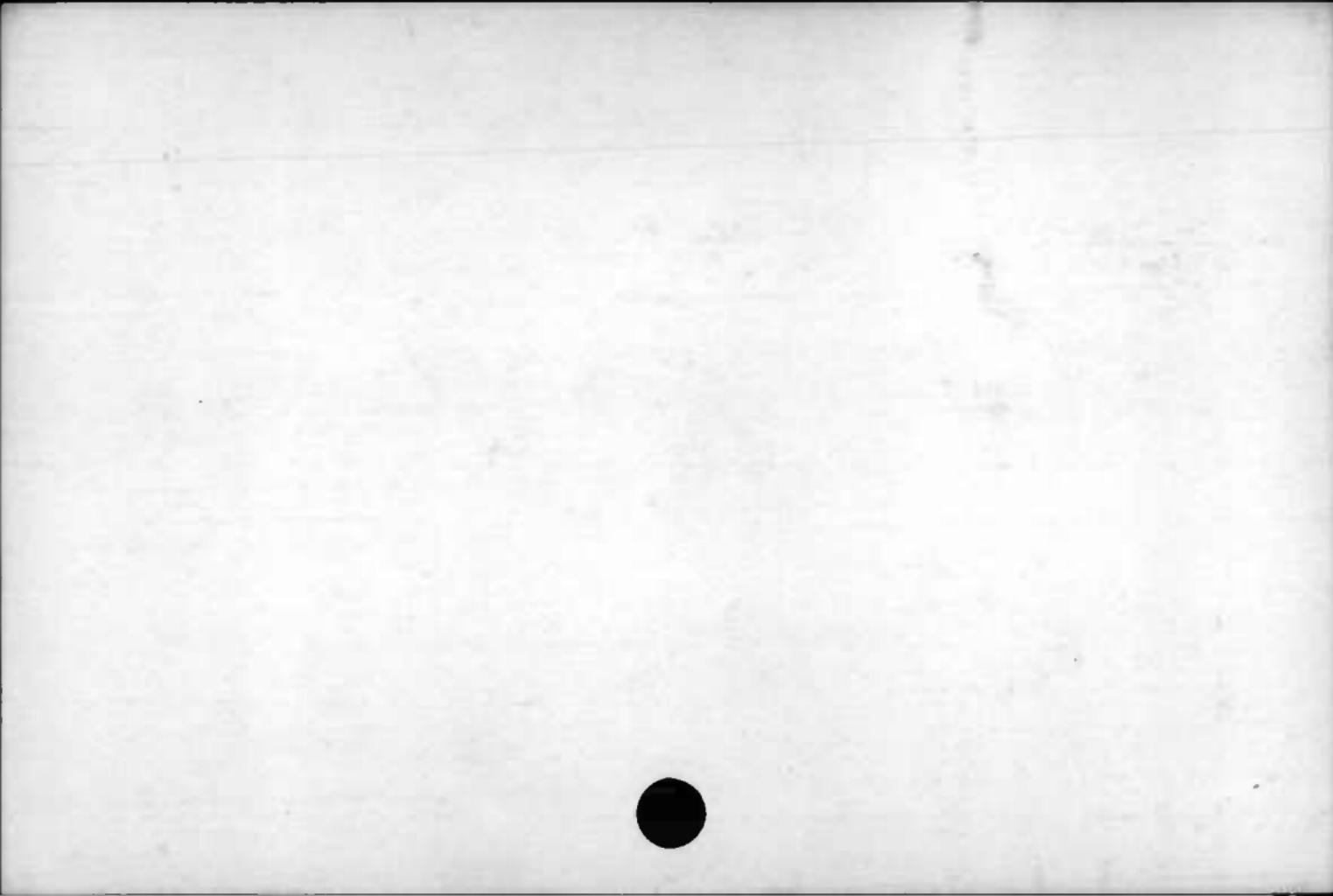
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Ruthsburg</i>	County <i>Queen Anne</i>	MARYLAND		
Date of death 1903	Month <i>Oct.</i>	Day <i>13</i>	Years <i>18</i>	Months <i>2</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth- place			
Married, Single or Widowed <i>Single</i>	Occupation <i>House work</i>				
Name of Wife or Husband					
Father's Name <i>Harrison Simpson</i>	Father's Birthplace <i>Georgetown</i>				
Mother's Maiden Name <i>Leighani Yeat</i>	Mother's Birthplace <i>Georgetown</i>				
Name of person giving Information <i>John C Simpson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long <i>Several months</i>
Immediate	<i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. H. Stack M.D.</i>
		Address <i>Ruthsburg Queen Anne Co.</i>
Accident or Suicide?		



Name  
in  
Full

Halie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Near Bookers Whf.</u>	County <u>D. A. Co.</u>	MARYLAND
Date of death 190	Month <u>3 Oct</u>	Day <u>24</u>	Years <u>13</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>D. A. Co.</u>	Months —
Married, Single or Widowed <u>Single</u>	Occupation —		Days —
Name of Wife or Husband			
Father's Name <u>Elmer C. Smith</u>	Father's Birthplace <u>Kent Co.</u>		
Mother's Maiden Name <u>Fannie McKenna</u>	Mother's Birthplace <u>D. C. Co.</u>		
Name of person giving Information <u>S. S. Smith</u>	How related to deceased <u>Niece</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Diphtheria</u>	Q.	How long <u>One week</u>
Immediate	<u>Heart Failure</u>		How long —
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>R. G. Loppe</u>	
		Address <u>Church Stree Md</u>	
Accident or Suicide?			

Frankland

Agnes Sullivan

Town

Chester

County

Ia.

MARYLAND

Died at

1803

Month

Oct 15

Day

Y.

M.

D.

Native of

Ia leo

Occupation

Date of Birth

Year

Colored

Age

Married

Sing

Widow

Widowe

Divorced

Number of children living

Female

Husband

Infant

of

Father's

Name

Cause of

Primary

Death

Immediate

~~Dad Wright~~ Ellen Moore  
 Taphoid Fever 2 weeks

How long sick

Accident, Suicide, Homicide

Reported by

W. S. Henry

Address

Steinsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

